



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED

03/05/03

LOBBYIST REGISTRATION FORM '03 FEB -5 AM 33

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Sagayadoro	Tony		676-0468
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
94-669 Kahakea St. #2L	Waipahu	HI	96797
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Organ Donor Center of Hawaii			599-7630
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort Street Mall, Suite 1140	Honolulu	HI	96813

PART II ORGANIZATION

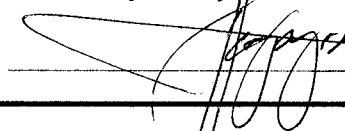
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Organ Donor Center of Hawaii	599-7630		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort Street Mall, Suite 1140	Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Diana E. Burg	239-0566		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
47-158 Mapecle Way	Kaneohe	HI	96744

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

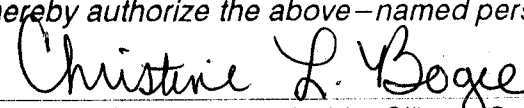
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

2/03/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Christine L. Bogue	Acting Executive Director		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Organ Donor Center of Hawaii	599-7630		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
900 Fort Street Mall, Suite 1140	Honolulu	HI	96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		1-3-03 (Date)	